

## HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAWAH

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PARTI LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
MIRIKITANI,	Richard	<b>K</b> •	808/548-4890
MAILING ADDRESS (Street)			FAX
P.O. Box 898900			808/548-2975
(City)	(State)	(Zip	Code)
Mililani, HI 96789			
EMPLOYING ORGANIZATION (Fill in only	if you are employed by a business entity to	which has been retained to lobby)	TELEPHONE
n/a			
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip	Code)

IAME OF ORGANIZATION YOU LOBBY FOR (D	o not abbreviate)			TELEPHONE
Castle & Cooke Resorts, LLC				808/548-4811
AILING ADDRESS (Street)				FAX
P.O. Box 898900				808/548-2975
(City) Mililani, HI 96789	(State)		(Zip	Code)
IAME OF PERSON RESPONSIBLE FOR PREPARING	G ORGANIZATION'S	EXPENDITURES ST	ATEMENT	TELEPHONE
Richard K. Mirikitani				808/548-4890
MAILING ADDRESS (Street)				FAX
P.O. Box 898900				808/548-2975
(City)	(State)		(Zip	Code)

PART III DESCRIPTION O	DE SUBJECTS UPON WHICH	YOU EXPECT TO LOBBY	
✓ Agriculture	Education	Human Services	Science, Technology & Economic Developmen
Communications & Public Utilities	✓ Government Operations & Finance	Intergovernmental Relations, International Affairs	✓Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	✓ Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	✓ Housing	Public Safety & Corrections	
	nformation furnished above is,	to the best of my knowledge, co	-o4
I hereby certify that the in the instantion of the part value of t	nformation furnished above is, (Signature of Lobbyist)	12・36 (Da TITLE OF AUTHORIZING OFFICER O	・0 件 te) R PERSON REPRESENTED
PART V AUTHORIZATION NAME Bonnie E. Freitas	nformation furnished above is, (Signature of Lobbyist)	12.30 (Da TITLE OF AUTHORIZING OFFICER O Vice President & Assistan	r PERSON REPRESENTED
PART V AUTHORIZATION NAME Bonnie E. Freitas	nformation furnished above is, (Signature of Lobbyist)	12.30 (Da TITLE OF AUTHORIZING OFFICER O Vice President & Assistan	・ 0 年 te) R PERSON REPRESENTED
PART V AUTHORIZATION NAME Bonnie E. Freitas	nformation furnished above is, (Signature of Lobbyist)  N TO LOBBY icable)	72.36 (Da TITLE OF AUTHORIZING OFFICER O Vice President & Assistan	r PERSON REPRESENTED
PART V AUTHORIZATION NAME  Bonnie E. Freitas  NAME OF ORGANIZATION (if appl	nformation furnished above is, (Signature of Lobbyist)  N TO LOBBY icable)	72.36 (Da TITLE OF AUTHORIZING OFFICER O Vice President & Assistan	r PERSON REPRESENTED  at Secretary  PHONE
PART V AUTHORIZATION NAME  Bonnie E. Freitas  NAME OF ORGANIZATION (if appl	nformation furnished above is, (Signature of Lobbyist)  N TO LOBBY icable)	72.36 (Da TITLE OF AUTHORIZING OFFICER O Vice President & Assistan TELEI 808/	r PERSON REPRESENTED  at Secretary  PHONE

(Signature of Authorizing Officer or Person Represented)

(Date)